

Name
in
Full

CERTIFICATE OF DEATH

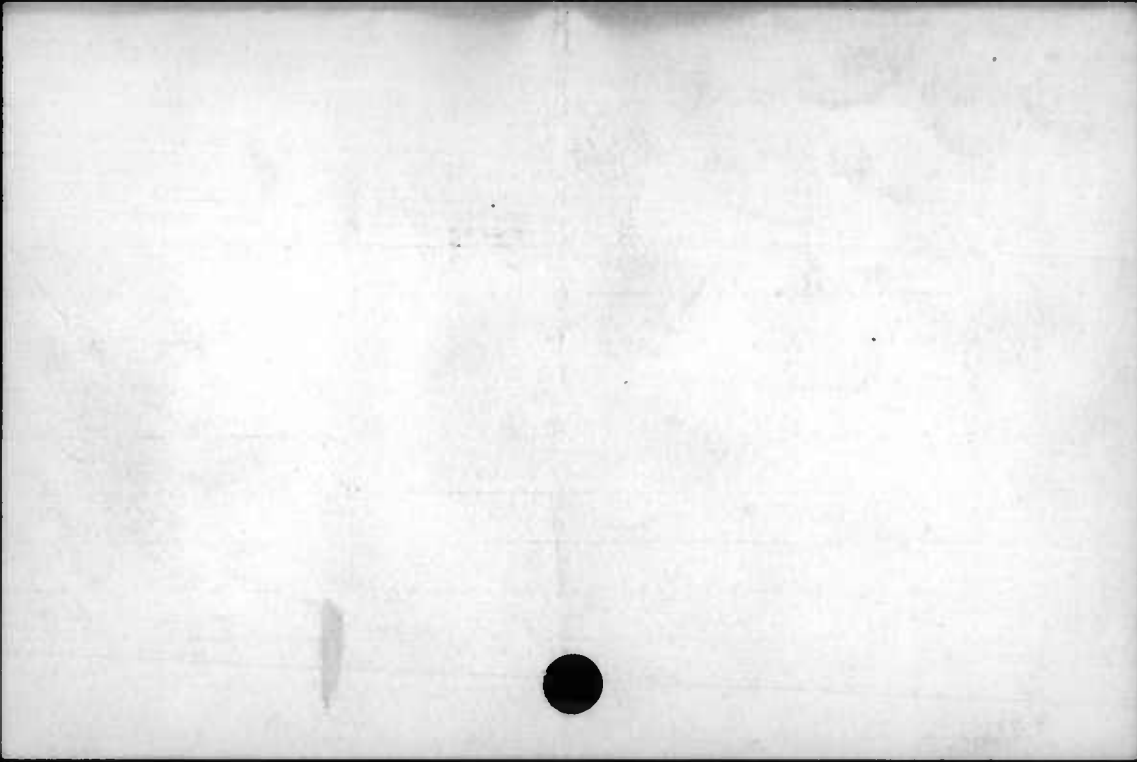
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Columbia Park ^{County} Prince George		MARYLAND							
Date of death	1905	Month	April	Day	23	Years	Age at birth	Months	Days
Sex	male		Color or Race	white		Birth-place	Columbia Park		
Occupation			Where Residing if not at place of death at place above mentioned						
Married, Single or Widowed	— (child)		Name of Wife or Husband Anna Barnack James K. Barnack						
Father's Name	James K. Barnack					Father's Birthplace	Md		
Mother's Maiden Name	Anna Crowley					Mother's Birthplace	Washington DC		
Name of person giving information	Fredk H. Didier, M.D.					How related to deceased	none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asphyxia	How long	— — —
Immediate	Asphyxia	How long	— — —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Fredk H. Didier, M.D.
		Address	Kensilworth, DC
Accident or Suicide?	— — —		



Name
in
Full

Catherine C. Blanford

CERTIFICATE OF DEATH

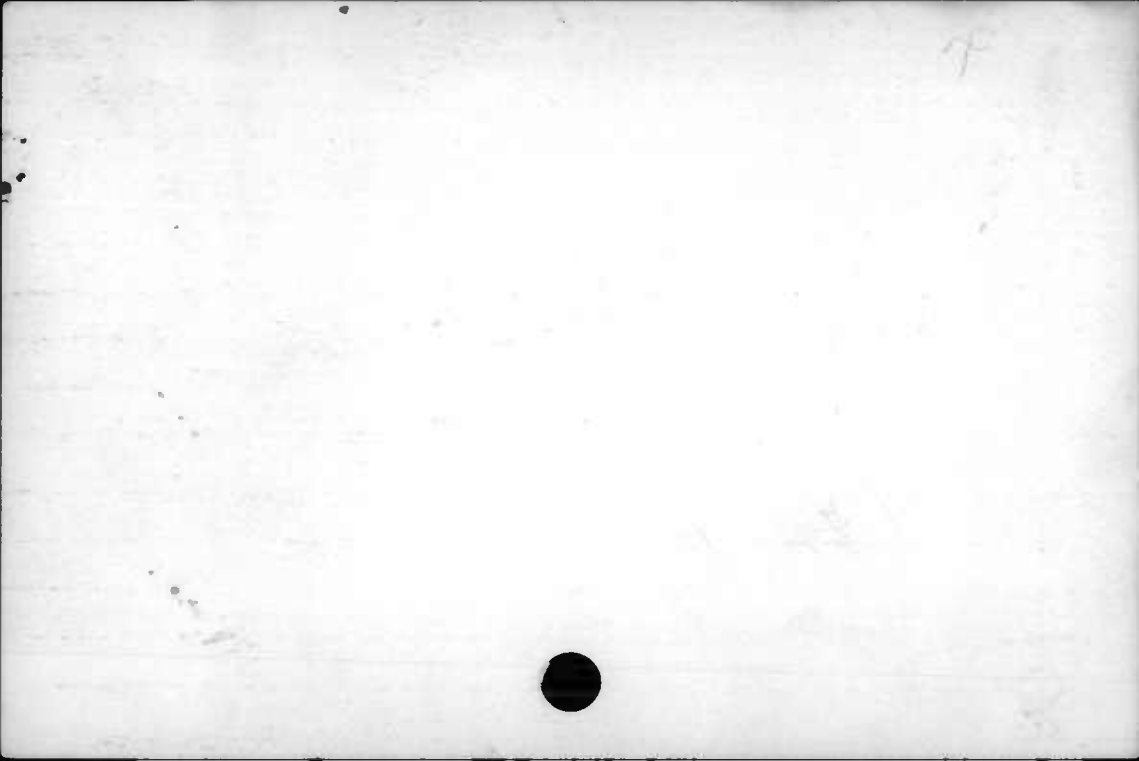
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accokeek</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	1905	Month	April	Day	24
Age	68	Years		Months	
Sex	Female	Color or Race	White	Birthplace	<i>Pr. Geo. Co. Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Accokeek</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>George Basil Blanford</i>		
Father's Name	<i>George Basil Blanford</i>		Father's Birthplace <i>Do not know</i>		
Mother's Maiden Name	<i>Do not know</i>		Mother's Birthplace <i>—</i>		
Name of person giving information	<i>W. H. Blanford</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mitral Stenosis</i>	How long	<i>Four months</i>
Immediate	<i>Pulmonary Congestion</i>	How long	<i>five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Harry Hally</i>
		Address	<i>Accokeek Md</i>
Accident or Suicide? <i>2</i>			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Glendale

Town

County

P. G.

Date

of death

1904 April

Month

Day

21

Age

Years

69

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Penn.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Samuel H. Breckin

Father's
Name

Samuel H. Breckin

Father's
BirthplaceMother's
Maiden Name

Clara H. Breckin

Mother's
BirthplaceName of person giving
information

E. M. Breckin

How related
to deceased

Son

CAUSES OF DEATH

Primary

Gastritis

How long

Several months

Immediate

As Phthisis

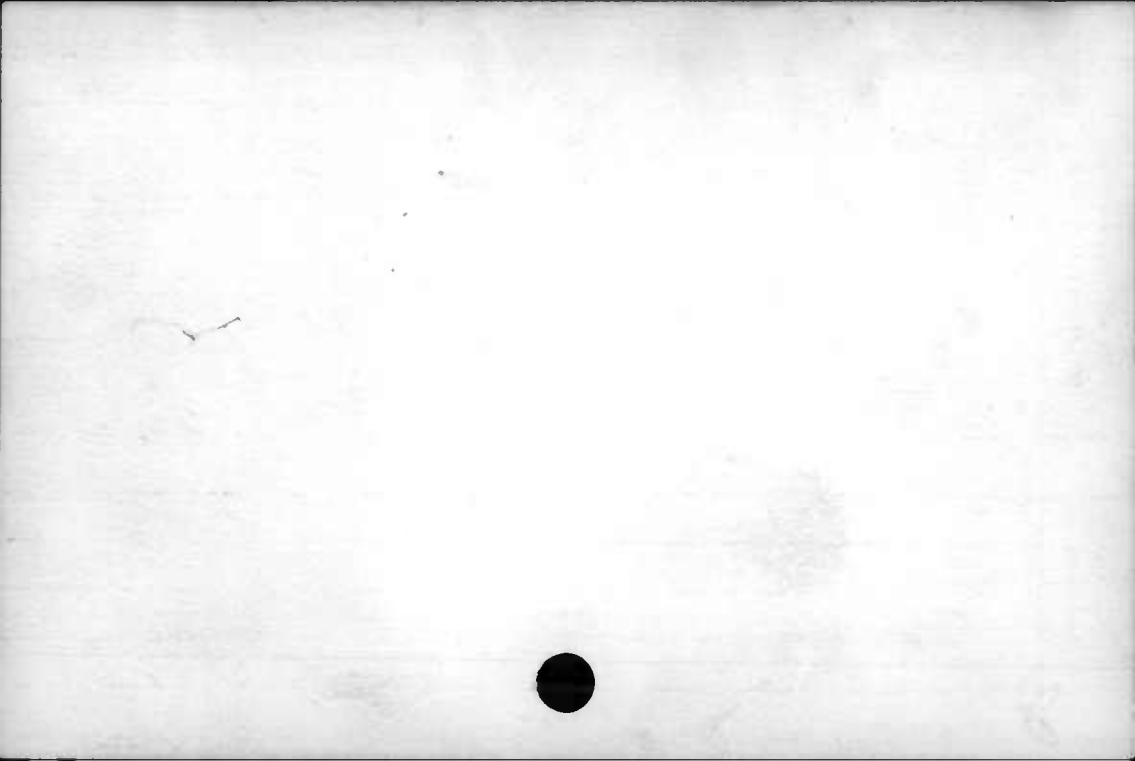
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. M. Russell M.D.
Springfield, Mo.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Carter* *Maryland* *P. George*Date of death *1905* *April* *3rd* Age *54* Months DaysSex *Male* Color or Race *Black* Birth-placeOccupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Jennie Carter*Father's Name *Charles Carter* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Jennie Carter* How related to deceased *wife*

CAUSES OF DEATH

Primary *Tubal Regurgitation* How long *4 years*

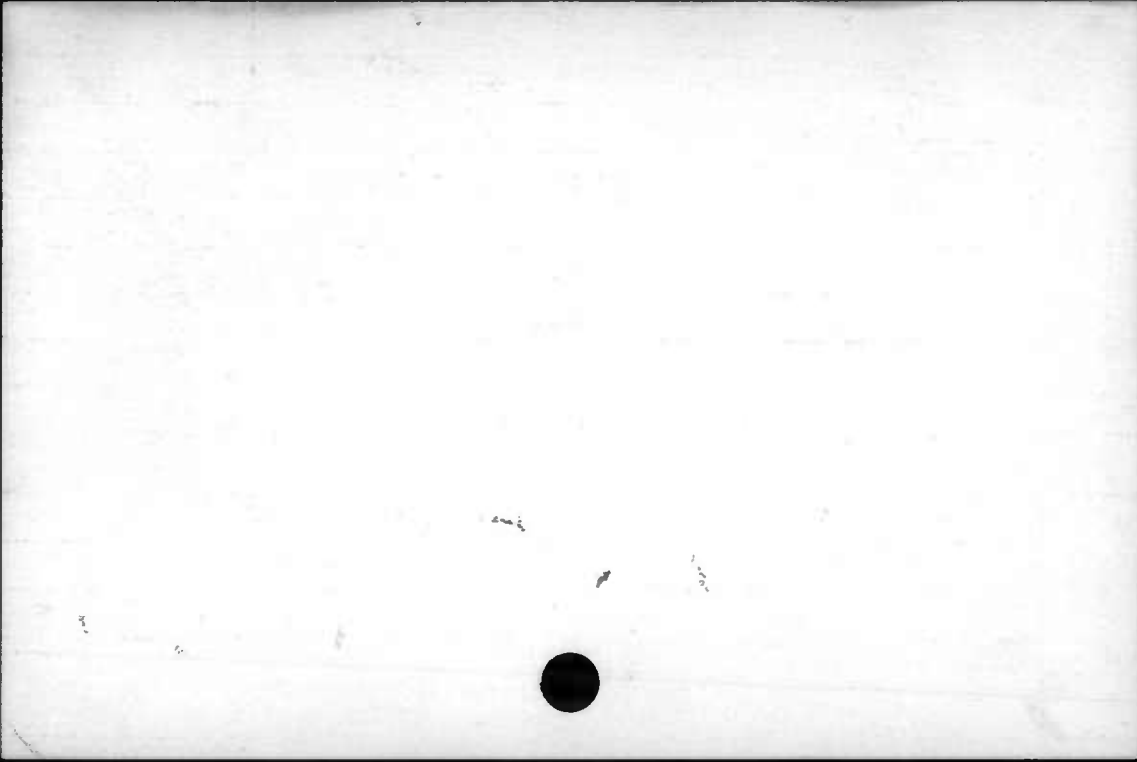
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? *no*



Name
in
Full

David Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Y. B. Town P. G. County

Date of death 1905 Month April Day 16 Age 58 Years Months — Days —

Sex Male Color or Race Black Birth-place Ind

Married, Single
widowed Occupation Farmer

Name of Wife or Widow Widow Chase

Father's Name Alexander Chase Father's Birthplace Ind

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information John A. Lee. W.D. How related to deceased house

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Apoplexy 15 15 15

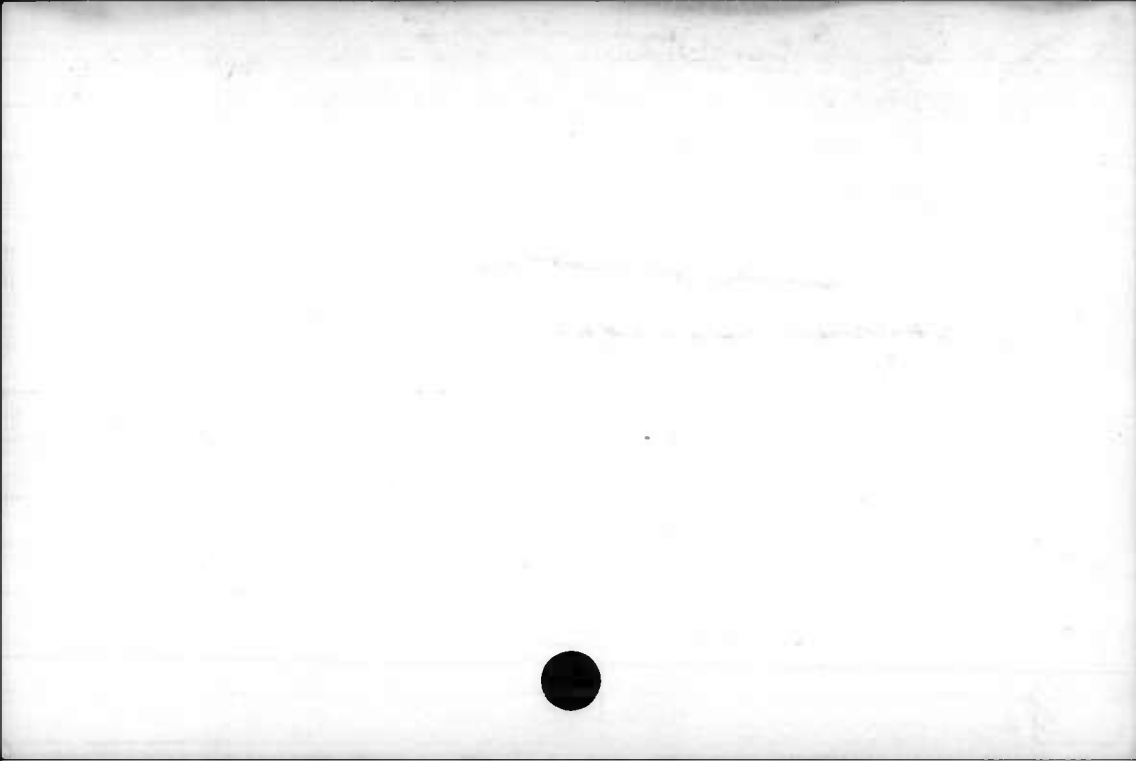
Immediate —

Are the name, age, sex, color, date and place correctly given above? I certify

Signature of Physician J. L. Waring

Address —

Accident or Suicide? —



Name
in
Full

Still Born.

Color

CERTIFICATE OF DEATH

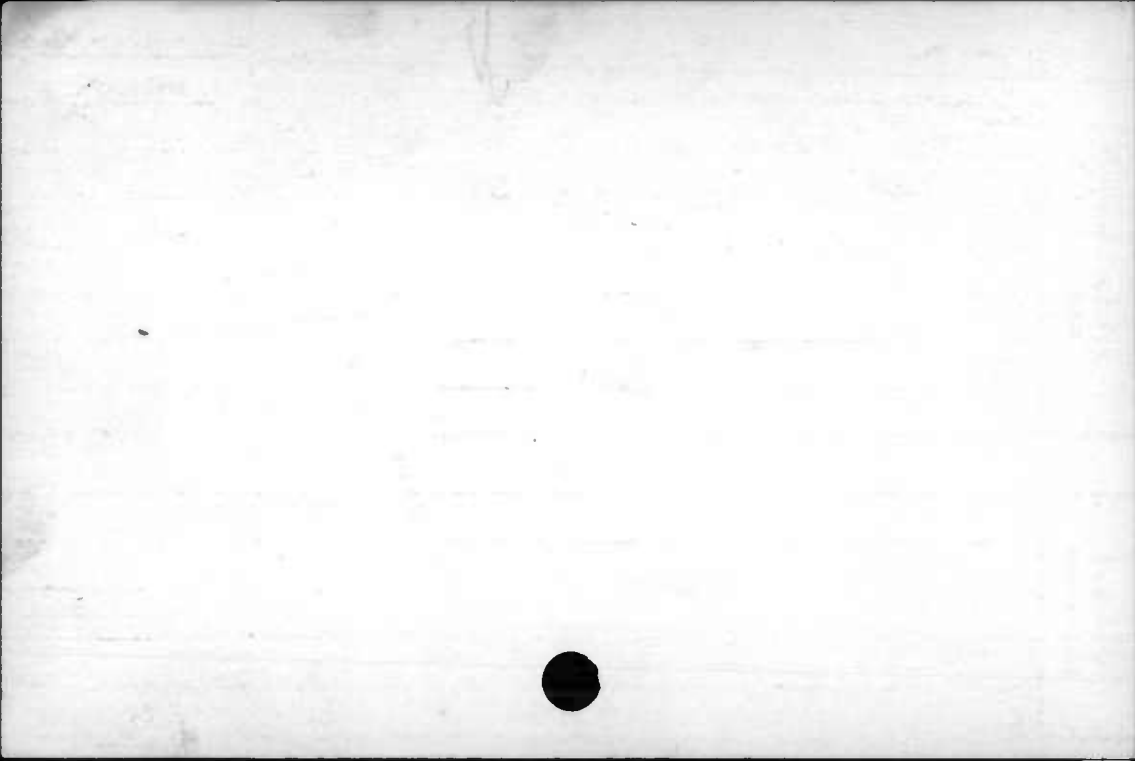
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laure</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death <i>1905</i>		Month <i>April</i>	Day <i>17</i>	Age <i>"</i>	Months <i>"</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Laure</i>	
Occupation <i>"</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Hatton Colver</i>			Father's Birthplace <i>Edgar Co</i>		
Mother's Maiden Name <i>Mariah Bacon</i>			Mother's Birthplace <i>A. A. Co</i>		
Name of person giving information <i>Hatton Colver</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate <i>Still birth</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician
		Address <i>J. R. Smith</i>
Accident or Suicide?		



Name
in
Full

Richard Conlee

CERTIFICATE OF DEATH

Died near Lumbly Town

Prince George County

MARYLAND

Date
of death 1903

Month 4

Day 4

Age

Years -

Months 2 mo.

Days -

Sex

Male

Color or
Race

Colored

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Albert Conlee

Father's
Birthplace

Md.

Mother's
Maiden Name

Eliza Henson

Mother's
Birthplace

Md.

Name of person giving
information

Wm. H. Henson

How related
to deceased

None

CAUSES OF DEATH

Primary

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

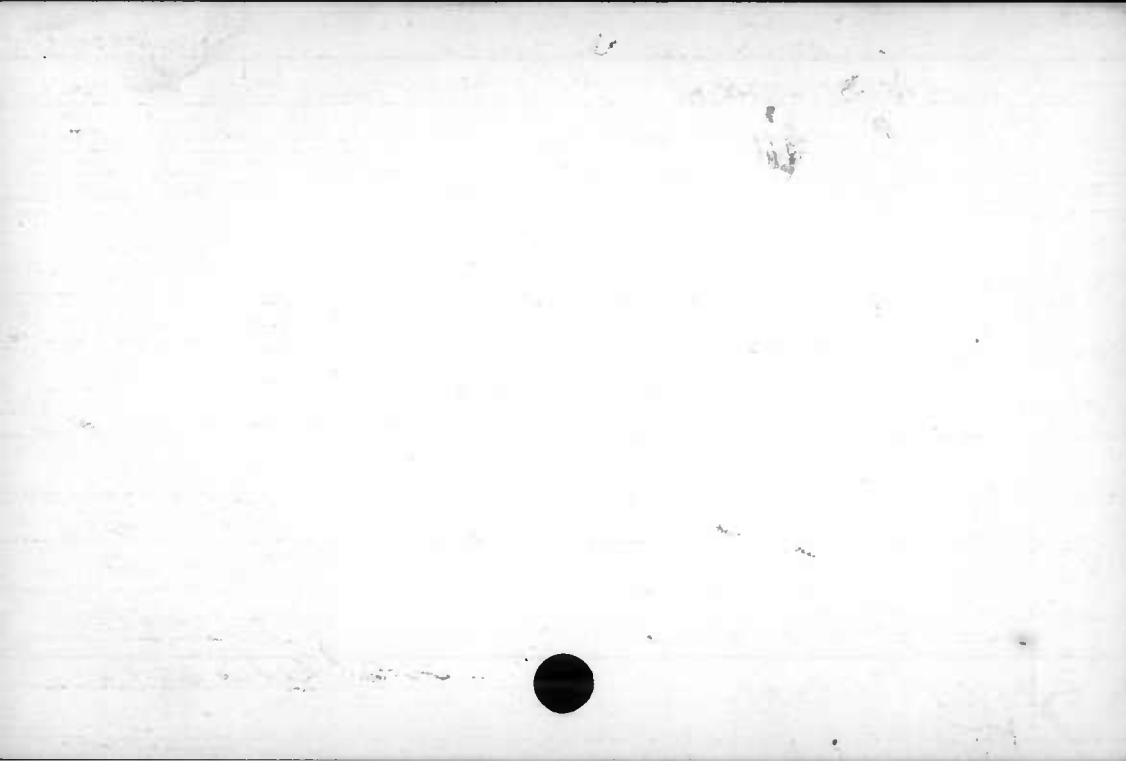
E. J. Hurtt

Address

Piscataway, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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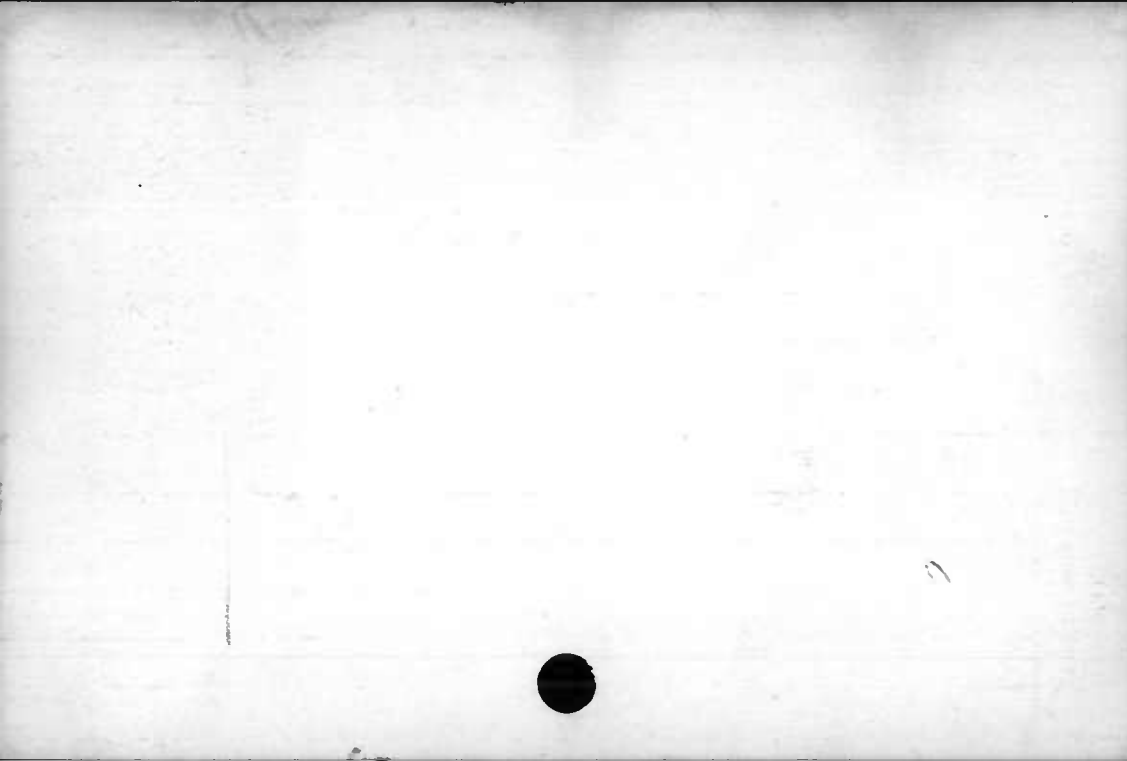
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Merryman Curtis</i>				County <i>Prince Geo</i>		State <i>MARYLAND</i>	
Died at <i>Laurel</i>		Town <i>Laurel</i>		County <i>Prince Geo</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>5th</i>	Age <i>63</i>	Years	Months <i>11</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>				
Occupation			Where Residing if not at place of death <i>Laurel</i>				
Married, Single <i>Yes</i>			Name of Wife or Husband				
Father's Name <i>Levi Curtis</i>			Father's Birthplace <i>Baer Co</i>				
Mother's Maiden Name <i>Catharine Merryman</i>			Mother's Birthplace <i>Baer Co</i>				
Name of person giving information			Signature <i>(170)</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Intestinal Nephritis</i>	How long <i>Do not know</i>
Immediate <i>Anasarca</i>	How long <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Drs Cronmiller MD</i>
<i>Yes</i>	Address <i>Laurel Md</i>
Accident or Suicide? <i>No</i>	



James L Davis

Town

County

Died at

Orme

Pr: Geo: County

MARYLAND

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1905	4	8	1-1	—	—	—	Ind	—
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband
of

Wife

Father's Name James Davis

Mother's Name Ethel Davis

Cause of Death	Primary	Immediate	Exhaustion	How long sick	Accident, Suicide, Homicide
	General Tuberculosis			34	Exhaustion

Reported by

Mr. R. L. Lattimer Jr. N.

Address

Orme P.O. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Miss Julia D. Digges.

Died at ^{Town} Upper Marlboro' ^{County} Prince George's. MARYLAND

Date 1905 4 27 Age 62. 6 25 Maryland Occupation _____

Male White Married Widow ~~Divorced~~

Female Colored Single Widower ~~Number of children living~~

Husband
Wife of _____

Father's Name Daniel C. Digges

Mother's Name Juliana Forrest

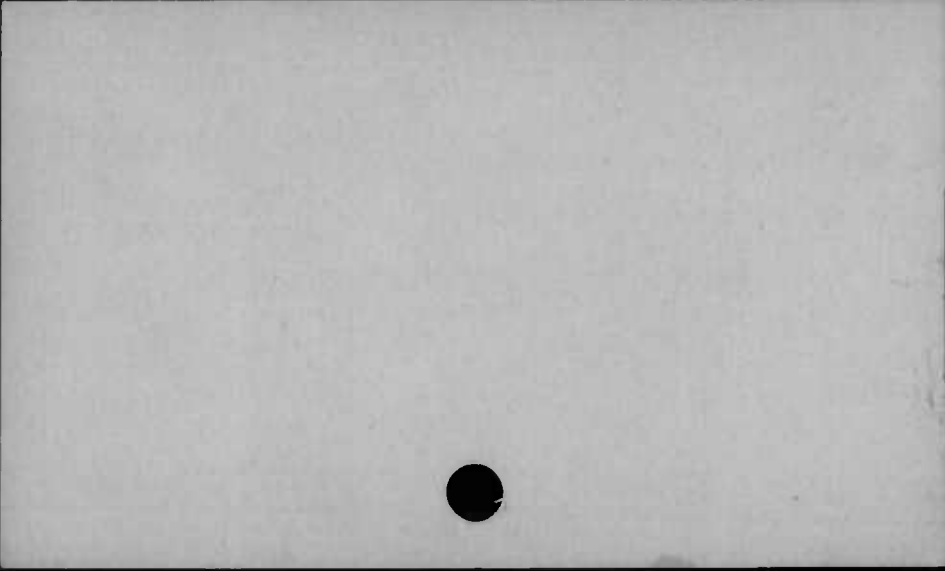
Cause of Death { Primary Poliomylitis } How long sick Six mos

Death { Immediate } Accident, Suicide, Homicide

Reported by Maren D. Stumes M.D.

Address Upper Marlboro' Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



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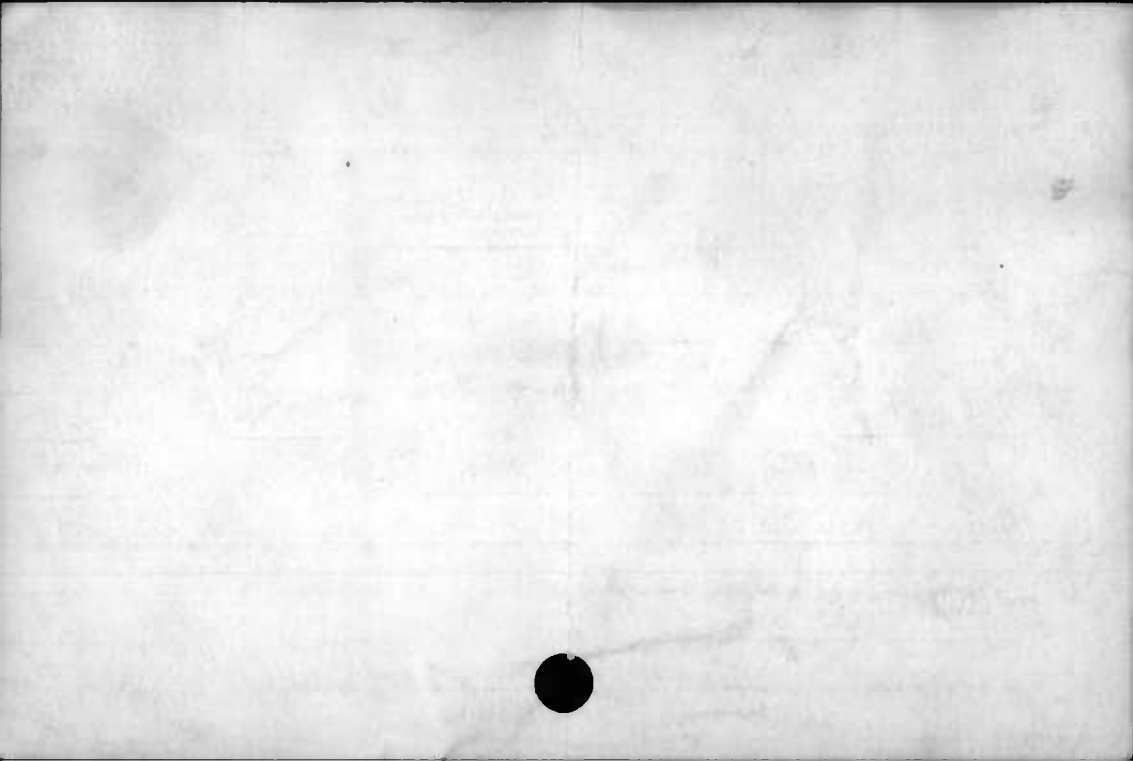
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riverdale</i>		Town <i>Geo Eull</i>		County <i>Pr Geo</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>apr</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Riverdale Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wesley Eull</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Hennetta Hall</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Wesley Eull</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>12 hrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Sam W. Ratner Md</i>
		Address	<i>Hyattsville Md</i>
Accident or Suicide?	<i>neither</i>		



Name
in
Full

Adam Geil

CERTIFICATE OF DEATH

Died at ^{Town} Hyattsville^{County} Prince Geo.

MARYLAND

Date of death 1905 April

Day 20

Age Years 61

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

N. Y.

Occupation

Clerk. Nav Dept.

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Maria Spin Geil

Father's
Name

George H Geil

Father's
Birthplace

Ky.

Mother's
Maiden Name

Sarah Bailey

Mother's
Birthplace

England

Name of person giving
Information

Geil

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Immediate

Give name, age, sex, color, date
and place correctly given aboveSignature of
Physician

Address

How long

How long

Accident or Suicide?

LIBRARY BUREAU ASD

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

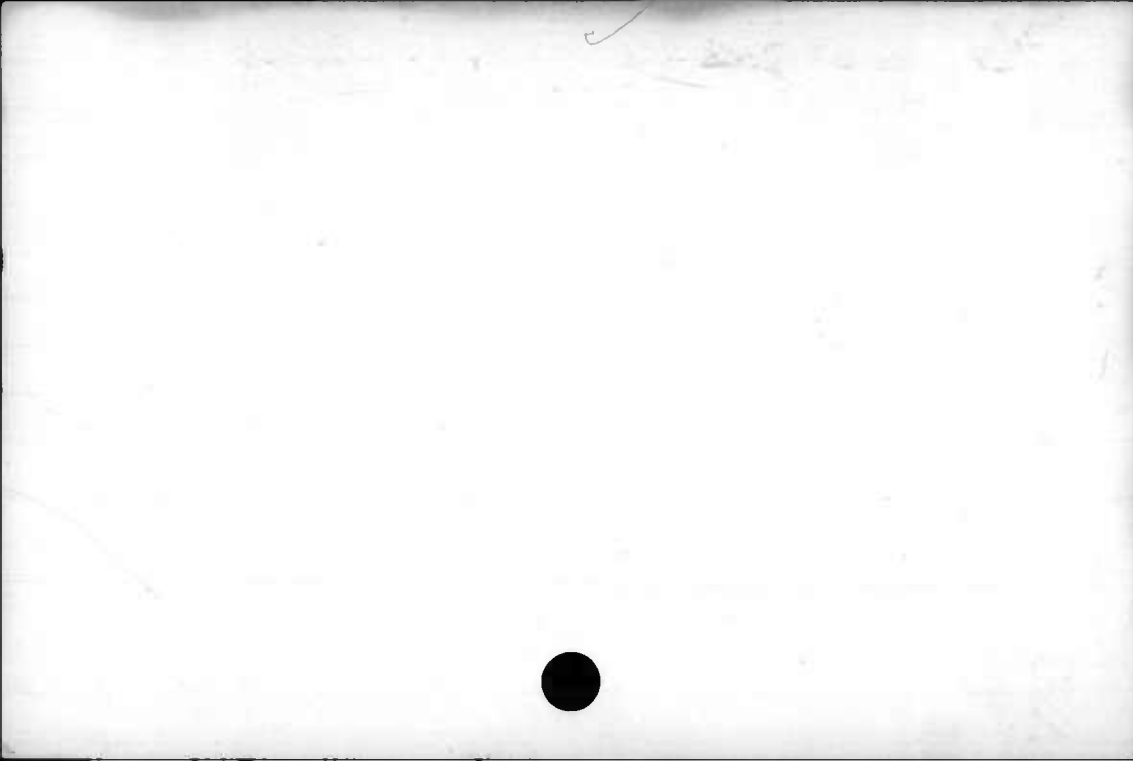
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>C. Higgins</i> Town		<i>P. G.</i> County		MARYLAND	
Date of death 190	<i>5</i> Month <i>White</i>	<i>2</i> Day	Age <i>38</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Harry Hall</i>					
Father's Name <i>Bert. Mayhew</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Marianne Hall</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>J. L. Waring</i>			How related to deceased <i>By Adam</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Miscarriage</i>	How long <i>10 days</i>
Immediate <i>Eclamps & U. Cervix</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Waring</i>
	Address <i>Cincinnati</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>M. A. M. Hollyday</i>		Town <i>Marlboro.</i>		County <i>R. Geo.</i>		MARYLAND	
Died at <i>Marlboro.</i>		Month <i>Apr.</i>		Day <i>17</i>		Age <i>68-</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>P. R. & Ind.</i>	
Occupation <i>Lady Pleasure</i>				Where Residing if not at place of death <i>---</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>					
Father's Name <i>Urban Hollyday</i>				Father's Birthplace <i>Ind. -</i>			
Mother's Maiden Name <i>Amelia Skinner</i>				Mother's Birthplace <i>Ind. -</i>			
Name of person giving Information <i>W. J. Hill</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>---</i>		How long <i>---</i>	
Immediate <i>Valvular heart disease</i>		How long <i>1 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Giffet</i>	
		Address <i>Upper Marlboro.</i>	
Accident or Suicide? <i>---</i>			



Name
in
Full

CERTIFICATE OF DEATH

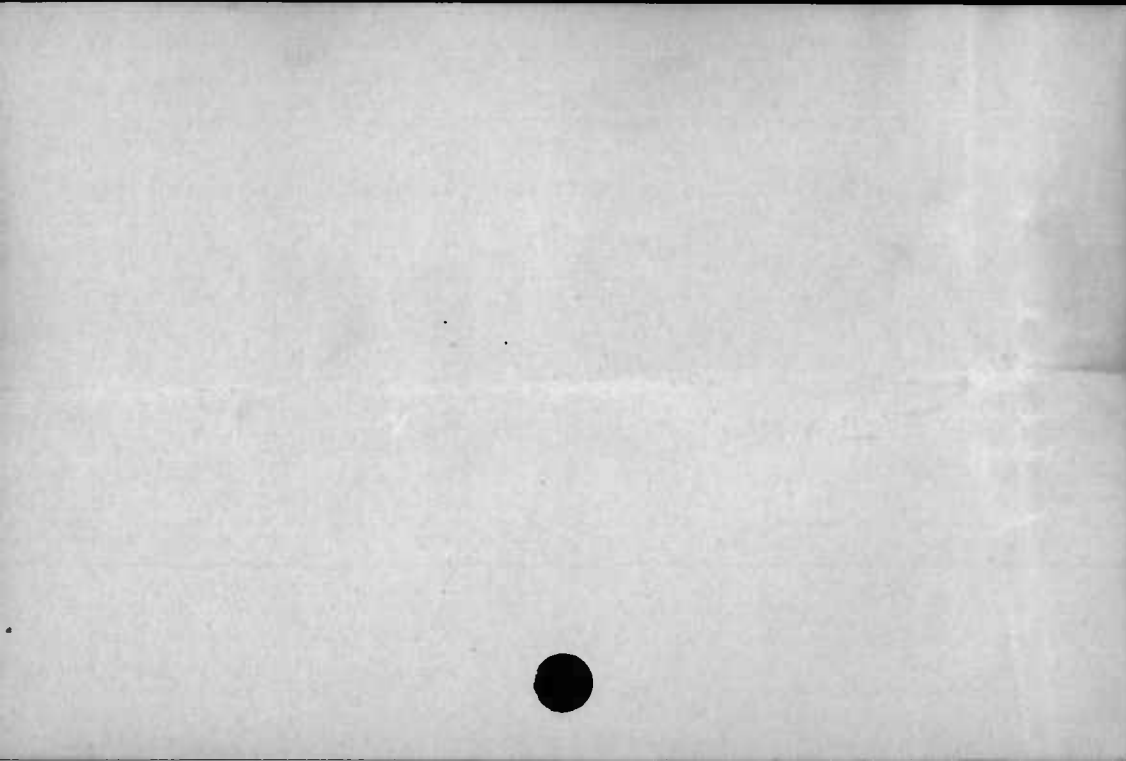
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death	1905	Month	April	Day	23
				Years	28
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth place	<i>Prince Georges Co Md</i>				
Occupation	<i>Nurse</i>		Where Residing if not at place of death <i>at Baltimore</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Elias Keppner</i>			Father's Birthplace	<i>Ma</i>
Mother's Maiden Name	<i>Jane Bosworth</i>			Mother's Birthplace	<i>Washington DC</i>
Name of person giving information	<i>Miss Kelley</i>			How related to deceased	<i>No relation</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cut her throat</i>	How long	<i>only a few minutes</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. A. Fry</i>	
		Address <i>Baltimore Md</i>	
Accident or Suicide?			



Name in Full

Mary James
Pineville C. H.

MARYLAND

Died at	Town	County	M.	D.	Native of	Occupation
Date	1900	Month 4	Day 16	Age 3	- Md	
Female	Colored	Single	Widow	Divorced	Number of children living	

Husband of

Wife

Father's Name Jessie James

Mother's Name Mary James

Cause of Death Primary Immediate

Pneumonia 93 4 days

Reported by

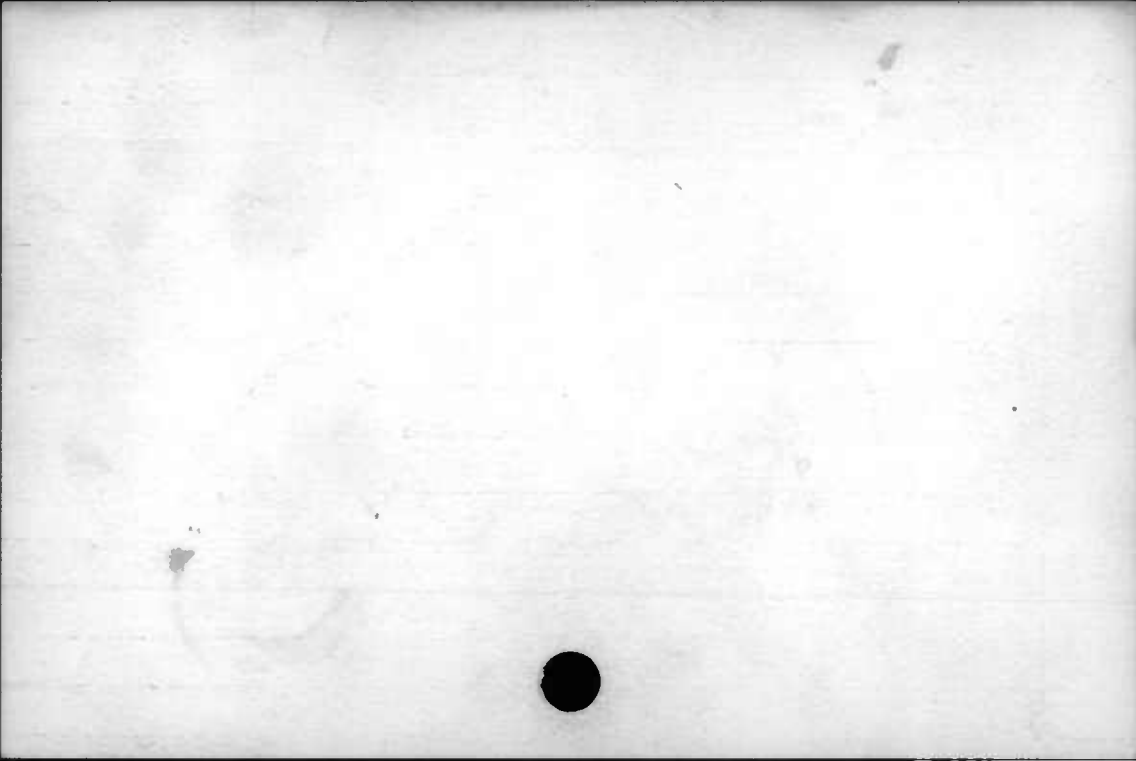
Address

W. A. Richardson
Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Rolland Frankling Heiser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Laurel</u> Town		<u>Prince George</u> County		MARYLAND		
	Date of death	<u>1905</u>	Month <u>April</u>	Day <u>1</u>	Age	Years <u>too months</u>	Months <u>twelve</u>
	Sex <u>boy</u>	Color or Race <u>white</u>		Birth-place <u>Laurel</u>			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <u>Charles C. Heiser</u>			Father's Birthplace <u>Prince Geo. Co.</u>			
	Mother's Maiden Name <u>Sarah C. Green</u>			Mother's Birthplace <u>Montgomery Co.</u>			
PHYSICIAN OR CORONER	Name of person giving information			How related to deceased <u>Father</u>			
	CAUSES OF DEATH						
	Primary <u>Found dead in bed</u>			How long <u>not at all</u>			
Immediate			How long				
Are the name, age, sex, color, date and place correctly given above? <u>Yr.</u>			Signature of Physician <u>J. H. Kelly</u>				
			Address <u>Laurel Md.</u>				
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Marlboro</i> Town		<i>Pr Geo</i> County			
Date of death <i>1905</i> Month <i>Apr</i> Day <i>20</i> Age <i>65</i> Years Months <i>—</i> Days <i>—</i>					
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pr. Geo Co. Md</i>	
Occupation <i>Surveyor</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Randolph Latimer</i>		Father's Birthplace <i>Pr Geo Co. Md</i>			
Mother's Maiden Name <i>Harris</i>		Mother's Birthplace <i>Kent Co. Md</i>			
Name of person giving Information <i>Mrs Latimer</i>		<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">112</div>		How related to deceased <i>wife</i>	

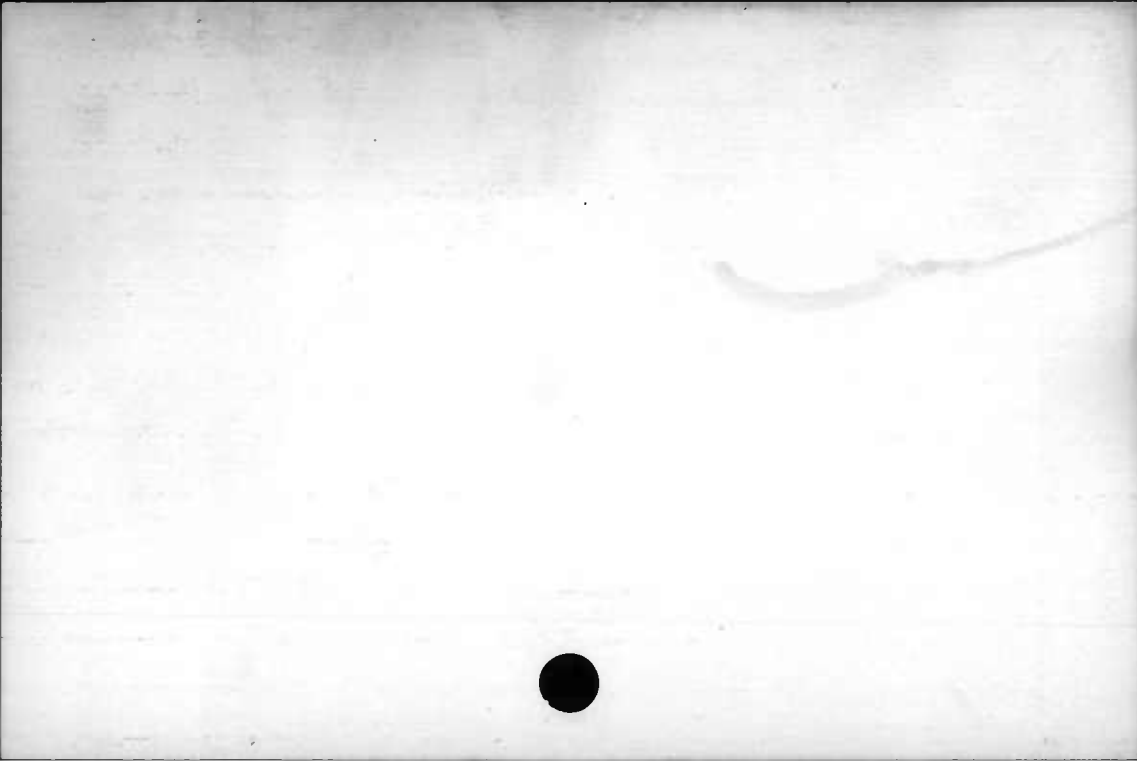
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis and Cirrhosis of liver</i>		How long <i>2 yrs</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ed Giffeth</i>	
		Address <i>upper Marlboro. Md</i>	
<i>J</i> Accident or Suicide?			

Is he turned {
mushing at
accotek

Name in Full		Alfred Lee				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Stalls		County Prince Geo		MARYLAND
	Date of death		1905	Month Apr.	Day 8	Age 72	Months —
	Sex		Male		Color or Race Colored		Birth- place Maryland
	Occupation		Laborer		Where Residing if not at place of death —		
	Married, Single or Widowed		Widower		Name of Wife or Husband —		
	Father's Name		Henry Lee		Father's Birthplace Maryland		
	Mother's Maiden Name		Not known		Mother's Birthplace Maryland		
	Name of person giving In formation		George Lee		How related to deceased Son		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Chronic heart disease			How long Not known.	
	Immediate		Collapse			How long 10 min.	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. A. R. Walker		
					Address Stalls, Md.		
Accident or Suicide?		—					



Henry Jerry Miles

Town

County

MARYLAND

Died at

Burtonville

P. George

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

54- Apr. 19

Age

-

-

5

Ind

Infant

Male

~~Married~~

Widow

Divorced

~~Female~~

Colored

~~Infant~~~~Widower~~

Number of children living none

Husband

of

Wife

Father's

Name

Jerry Miles

Mother's

Maiden Name

Maria Johnson

Cause of

Primary

Commons

How long sick

1 day

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

L. S. Swage M.D.

Address

Baltimore D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Charles Dorney
Payne

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

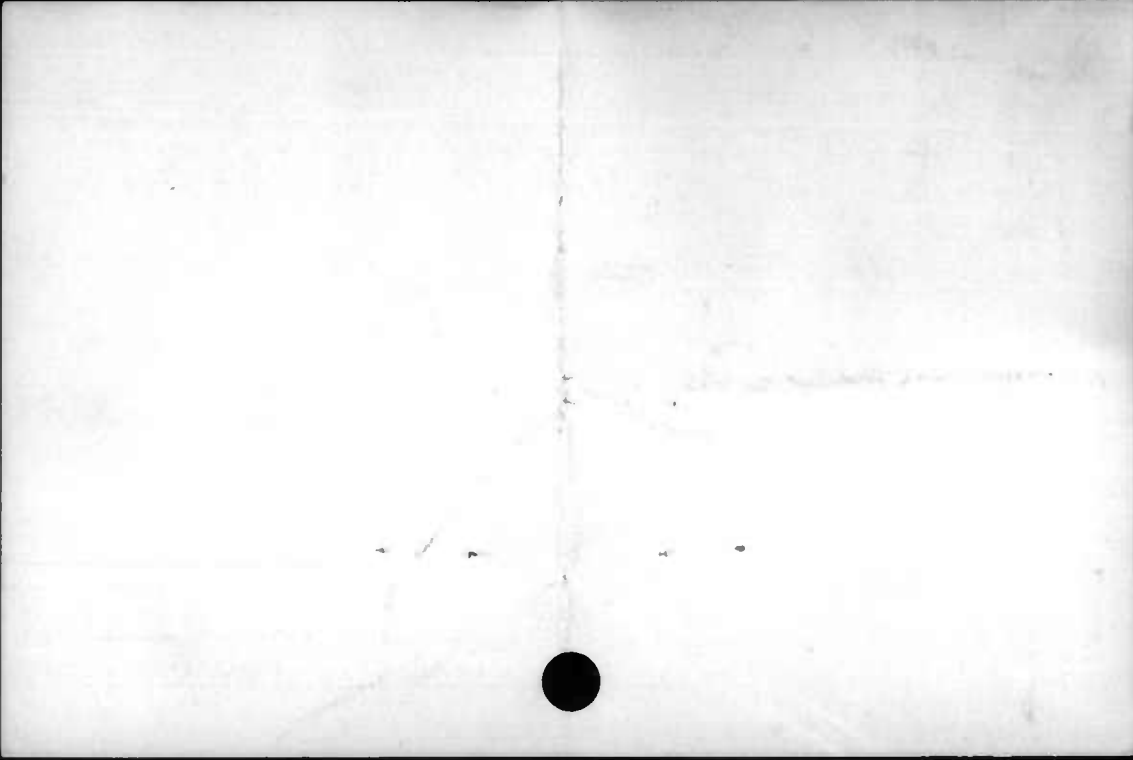
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Genie Ogden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Camp Springs		P. O. County		MARYLAND	
Date of death 1905	Month April	Day 12	Age 9	Years	Months
Sex Female	Color or Race White	Birth-place Ind		Days	
Married, Single or Widowed		Occupation School			
Name of Wife or Husband					
Father's Name John W. Ogden			Father's Birthplace Ind		
Mother's Maiden Name Catherine White			Mother's Birthplace Ind		
Name of person giving information J. L. Waring			How related to deceased Niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	2 weeks
Immediate	Pneumonia - 3 days	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Waring	
		Address Chinitool	
Accident or Suicide?			



Name
in
Full

Richard Peach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mitchellville		^{County} Prince George		MARYLAND	
Date of death	1905	Month	Apr	Day	25
Age		72		Months	-
Sex	male	Color or Race	white	Birth-place	Maryland
Occupation		Farmer			
Where Residing if not at place of death		-			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Hume		
Father's Name	Samuel Peach		Father's Birthplace	Maryland	
Mother's Maiden Name	Caroline Hamilton		Mother's Birthplace	Maryland	
Name of person giving information	John Peach		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	arterio-sclerosis	How long	not known
Immediate	Ruptured artery	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. A.R. Walker	
Address		Halls, Md.	
Accident or Suicide?		-	



Name
in
Full

Edward Cassiea Randall

CERTIFICATE OF DEATH

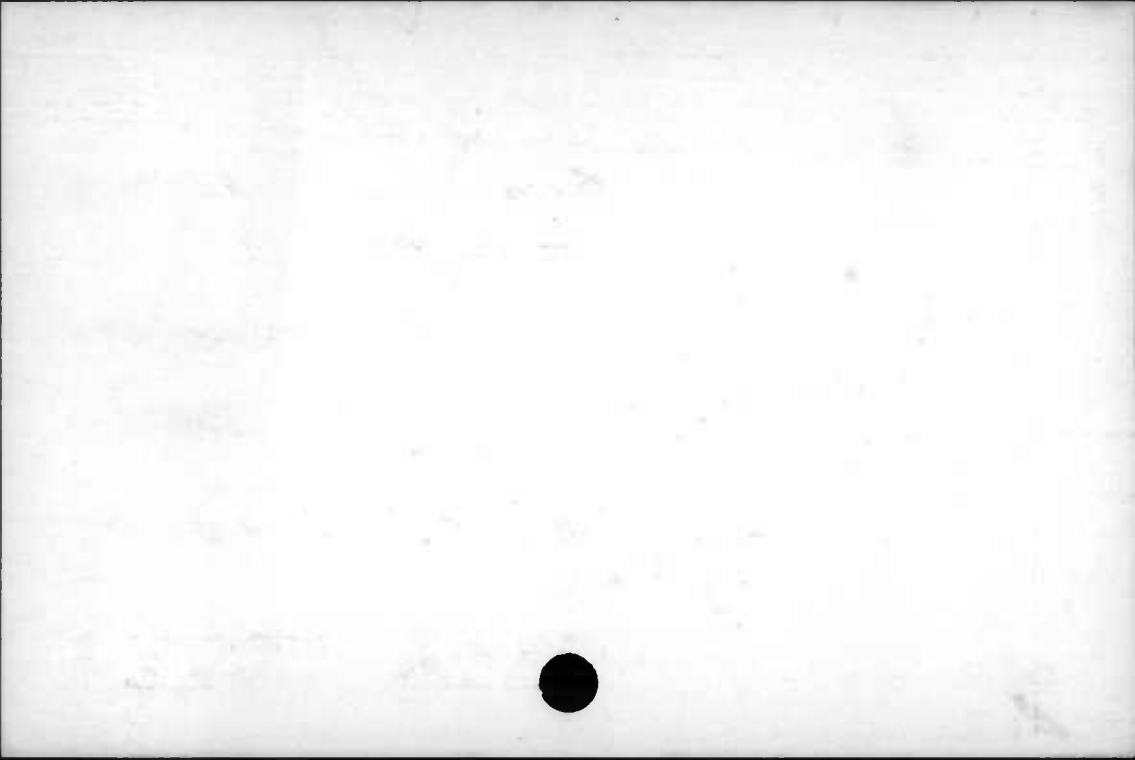
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brentwood</i> Town		<i>Prince George Co.</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>29</i>	Age <i>14</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Brunde</i>		
Occupation			Where Residing if not at place of death <i>Brentwood, Pr. Geo. Co.</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace <i>Anne Brunde</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis,</i>	How long <i>4 Months</i>
Immediate <i>Meningitis.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. B. Richardson</i>
<i>Copied by J. T.</i>	Address <i>Hyattsville,</i>
Accident or Suicide?	<i>md</i>



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Maggie Shorter* Town *Clinton* County *P.G.*

Died at *Clinton*

Date of death 190*5* Month *April* Day *6th* Age *15* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Ind*

~~Married~~, Single ~~or Widowed~~ Occupation *Housework*

Name of Wife or Husband *—*

Father's Name *Daniel Shorter* Father's Birthplace *Ind*

Mother's Maiden Name *Fannie* Mother's Birthplace *Ind*

Name of person giving information *J. R. Weary* How related to deceased *Uncle*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tubercular deposit* How long *10 months*

Immediate *exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Weary* Address *Clinton*

8 Accident or Suicide?



Name
in
Full

George LeRoy Smallwood

CERTIFICATE OF DEATH

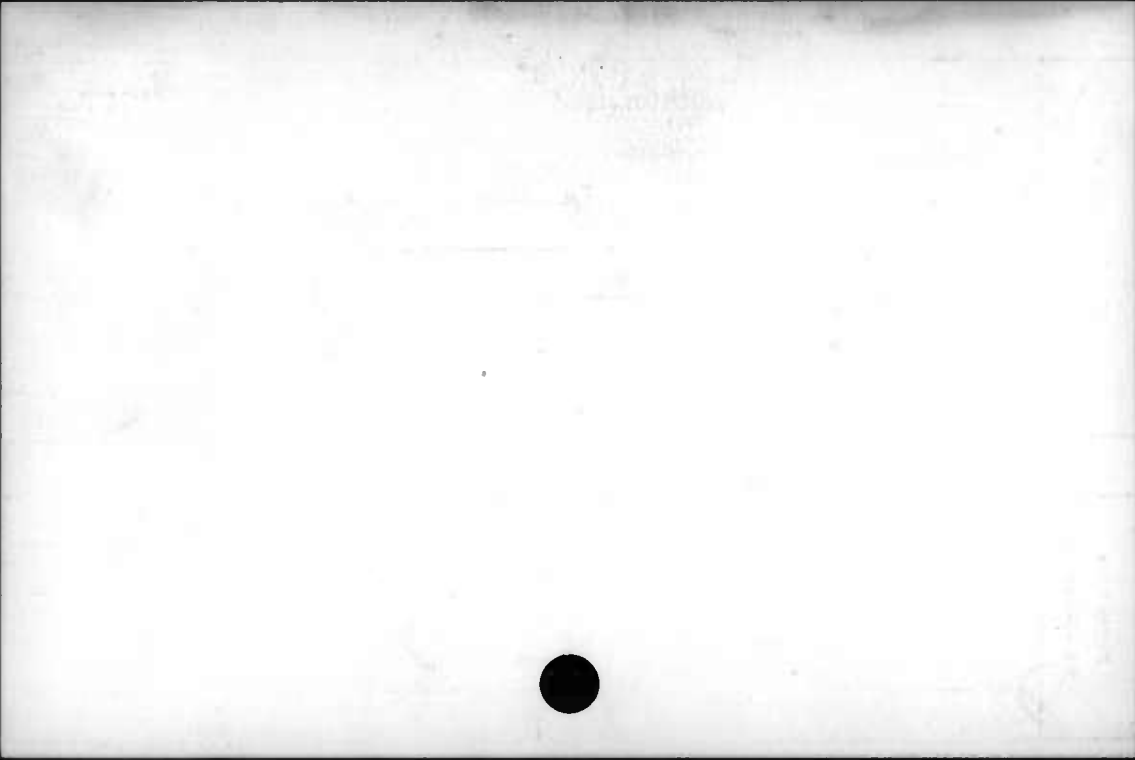
TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Aquasco</u> ^{Town}		<u>Prince Geo</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>April</u>	Day <u>22</u>	Age	Months <u>3</u>	Days
Sex <u>Male</u>	Color or Race <u>Mulatto</u>	Birth-place <u>Maryland</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>at home</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>George Smallwood</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Elizabeth Mazander</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>George Smallwood</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Child had sore eyes and took cold returning home from wt. to me</u>	How long <u>Sore eyes from its birth</u>
Immediate <u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. Marburg M.D.</u>
<u>2</u>	Address <u>Aquasco, Maryland.</u>
Accident or Suicide?	



Name
in
Full

Susan Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Co Alms House</i>		Town <i>Prince George</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>16</i>	Years <i>23</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>Mulatto</i>		Birth-place <i>Md.</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>Alms House</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thompson</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>Lemuel Allen</i>			<i>134</i>		How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complications following</i>	How long
<i>labor. Dropsy.</i>	How long <i>4 months</i>
Immediate <i>labor. Dropsy.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>V. L. Perry</i>
	Address <i>Hyattsville Md.</i>
	<i>E. E. Gansbury H.O.</i>
Accident or Suicide?	

1



Name

in
Full

CERTIFICATE OF DEATH

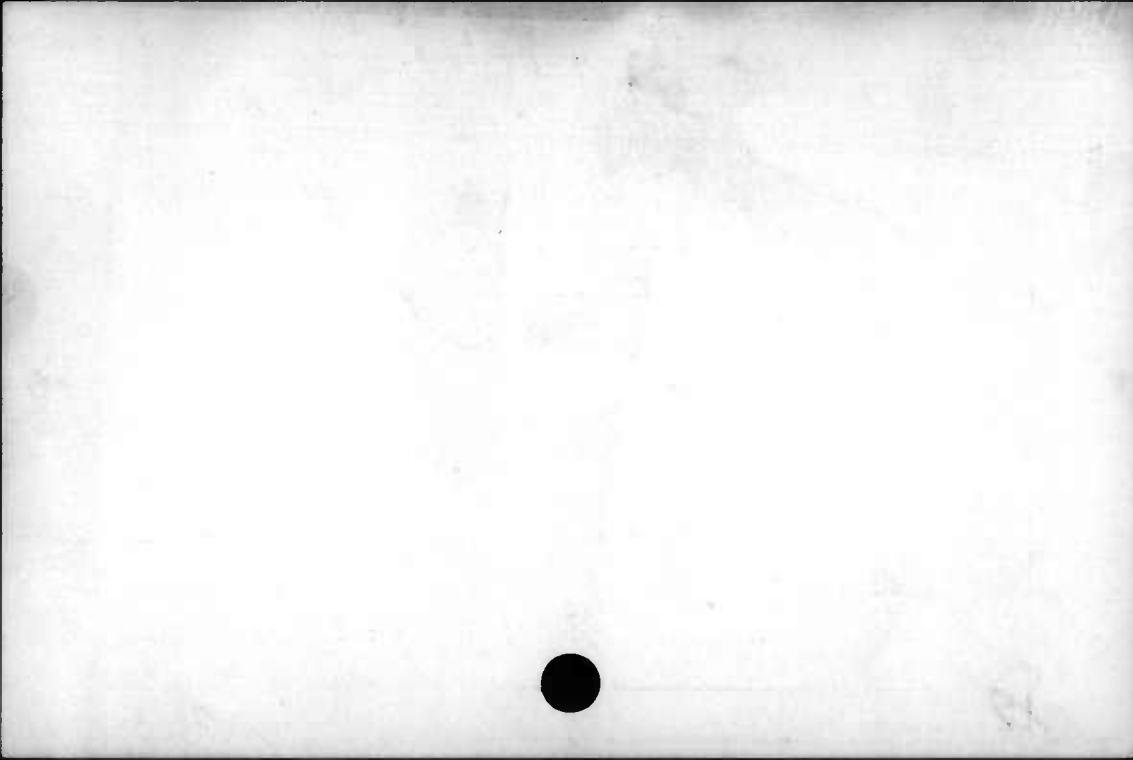
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orme</i>		Town <i>Orme</i>		County <i>Pr. Geo. Co.</i>		MARYLAND	
Date of death 190 <i>0</i>	Month <i>April</i>	Day <i>17</i>	Age <i>5-5-</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Orme</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of wife or Husband <i>Wm. Tippett</i>							
Father's Name <i>James Watson</i>				Father's Birthplace <i>Orme</i>			
Mother's Maiden Name <i>Nancy Watson</i>				Mother's Birthplace <i>Orme</i>			
Name of person giving information <i>Harvey Taylor</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>Unknown</i>
Immediate <i>Uraemia</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Mortimer Brown</i>
	Address <i>Agassiz Road</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

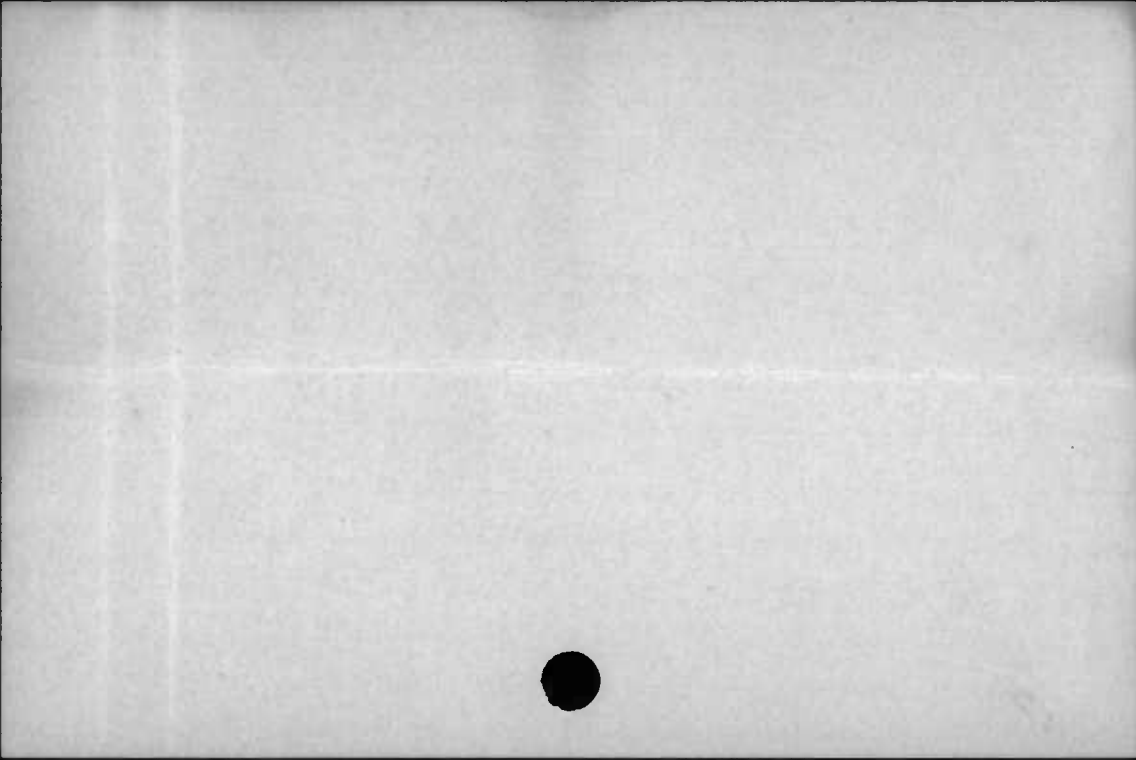
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Branchville</i> ^{Town}		<i>Pence</i> ^{County} <i>Giles</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>22</i>	Age	Months	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Branchville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband			
Father's Name <i>John P Turner</i>			Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name <i>Ella Shea</i>			Mother's Birthplace <i>W. Va</i>		
Name of person giving information <i>John P Turner</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>H. Malaria</i>	<i>15</i> <input checked="" type="checkbox"/> How long <i>—</i>
Immediate <i>Malaria and Pneumonia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. A. Fox</i>
<i>Yes</i>	Address <i>Branchville W. Va</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

Irine Von Restorff

CERTIFICATE OF DEATH

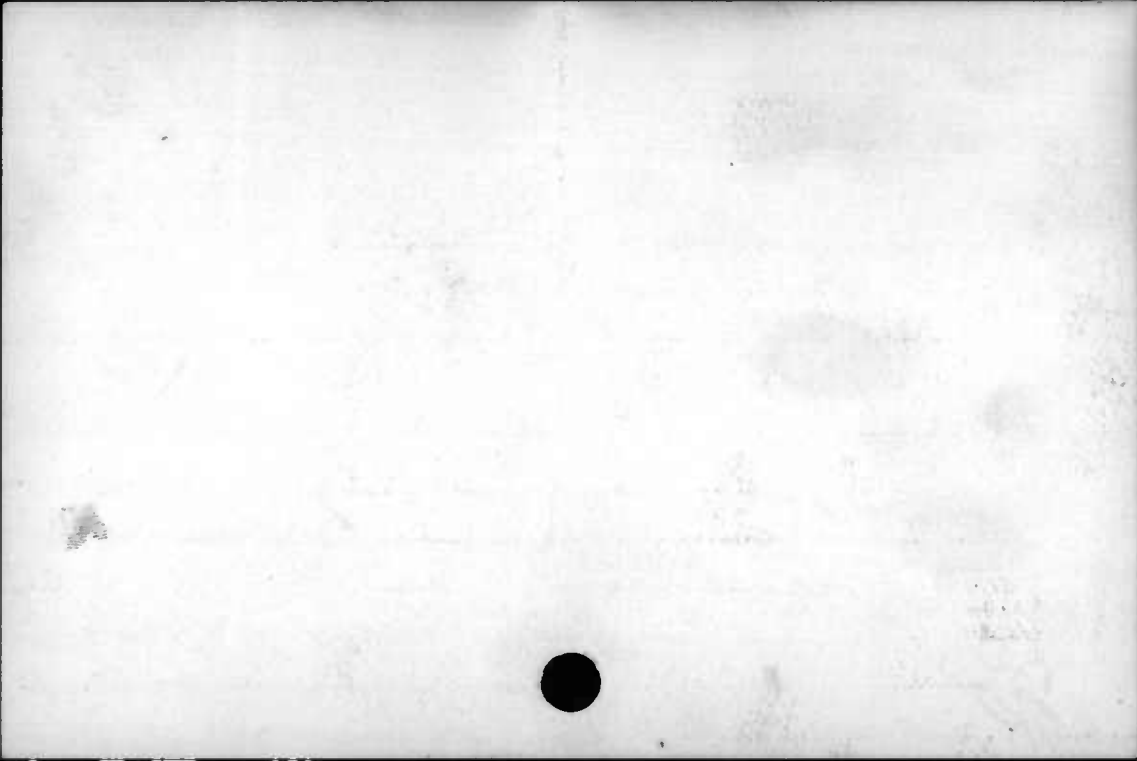
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riverdale</i>		Town <i>Prince George's</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Apr</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>3</i>	
Sex <i>Girl</i>	Color or Race <i>White</i>		Birth-place <i>Riverdale Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Alex. Von Restorff</i>				Father's Birthplace <i>Phila. Pa</i>			
Mother's Maiden Name <i>Miriam Bupff</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mrs Alex Von Restorff</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Weak from birth</i>	How long <i>3 days</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. Perry</i>
	Address <i>Hyattsville Prince Georges Co</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

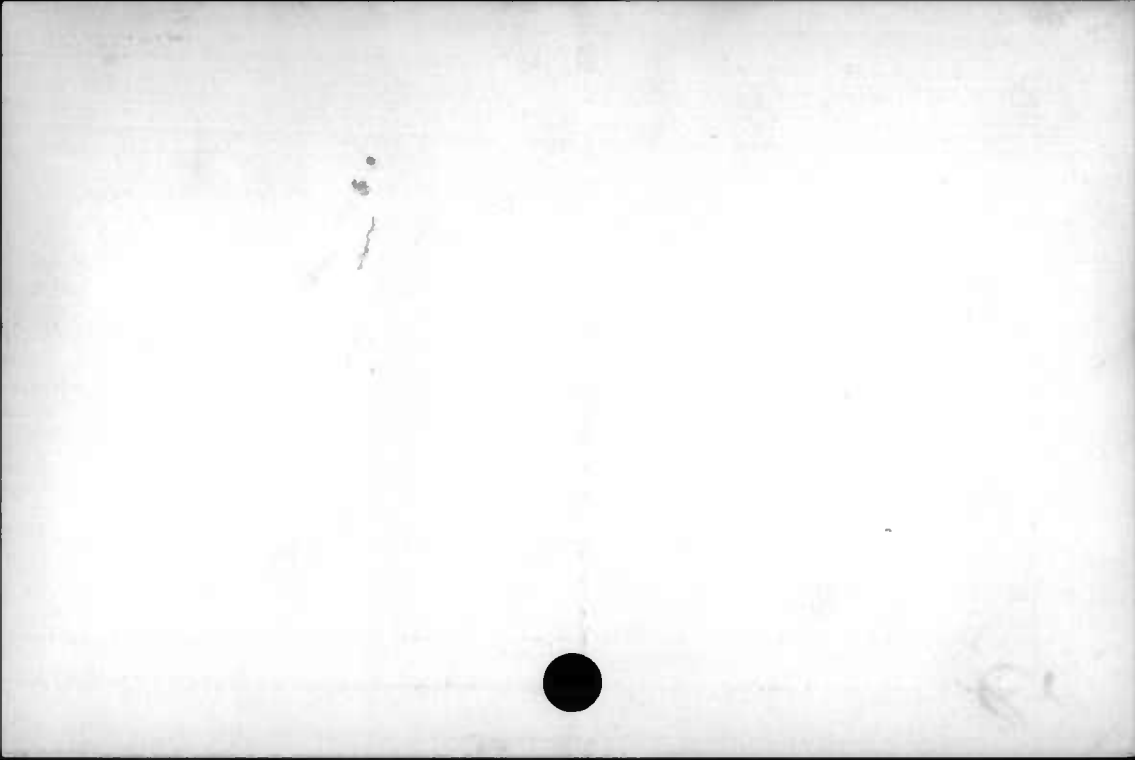
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ellen Washington</i>		Town <i>Crane</i>		County <i>Pr. Geo's.</i>		MARYLAND	
Died at <i>Crane</i>		Month <i>April</i>		Day <i>11</i>		Years <i>60</i>	
Date of death 190 <i>5</i>		Month <i>April</i>		Day <i>11</i>		Age <i>60</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Malcolm Ind</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Marcellus Washington</i>							
Father's Name <i>Moses Langford</i>		Father's Birthplace <i>Argos Ind</i>					
Mother's Maiden Name <i>Christy - Chatis</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Hellery Washington</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Morton Brown</i>
	Address <i>Aquasco Maryland.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Richard Washington

Town

County

Died at

MARYLAND

Date 1905 41 21 Month Day Y. M. D. Age One year Male White Married Widow Divorced Single Widower Number of children living
 Occupation _____

Husband of _____

Wife

Father's

Name

Richard E. Washington

Mother's

Name

Patience Washington

Cause of

Primary

Bronchitis & Grip

How long sick

8 weeks

Death

Immediate

Strangulation

10

Accident, Suicide, Homicide

Reported by

M. R. Labadie, U.S.

Address

Orme, Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Rosa Whitehead

CERTIFICATE OF DEATH

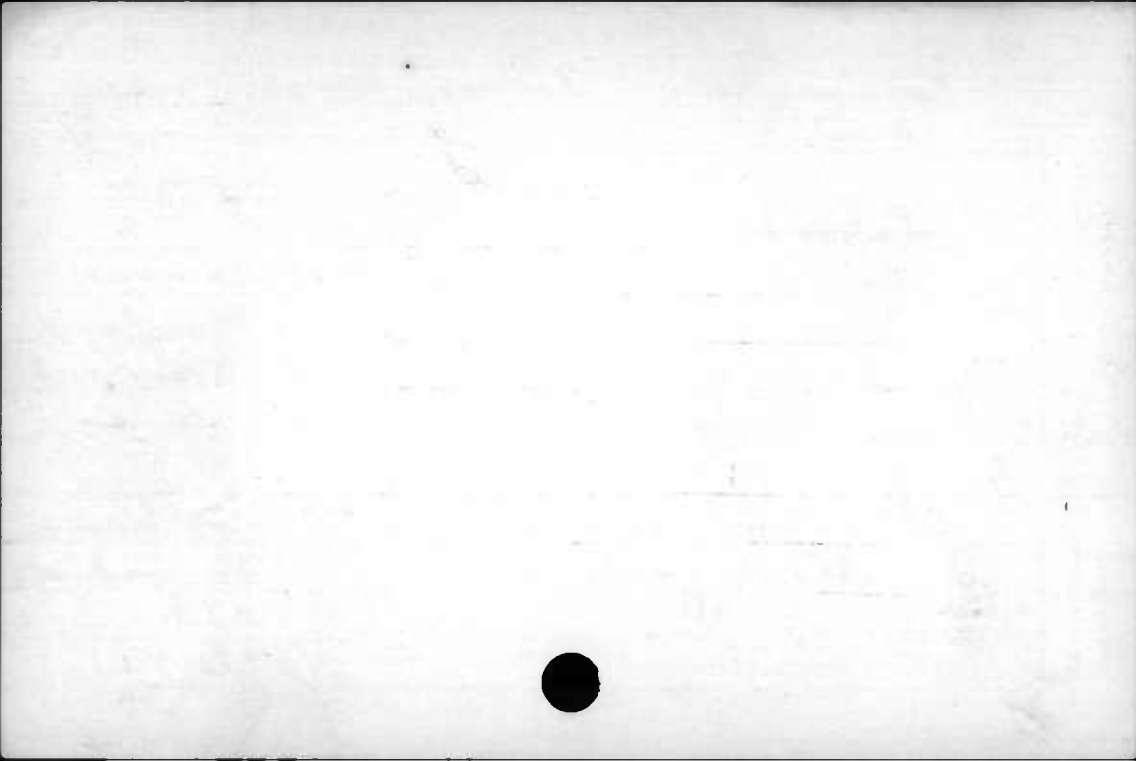
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurie		County Prince Geo		MARYLAND	
Date of death		1905	Month April	Day 13	Years 40	Months 4	Days 11
Sex Female		Color or Race White		Birth-place Montg Co			
Occupation House Wife		Where Residing If not at place of death Laurie					
Married, Single Widowed		yes		Name of Wife or Husband Samuel Whitehead			
Father's Name William Galliger		Father's Birthplace Ireland					
Mother's Maiden Name Elizabeth Turner		Mother's Birthplace Prince Geo Co					
Name of person giving information Samuel Whitehead		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infercalosis	How long	6 mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Ryerly	
Address		Laurie Montg Co	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Collington</u> ^{Town}		<u>Prince George</u> ^{County}	
		Date of death <u>1905</u> ^{Month} <u>April</u> ^{Day} <u>1</u>		Age <u>77</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days}	
		Sex <u>Male</u>		Color or Race <u>Colored</u>	
		Occupation <u>Laborer</u>		Birthplace <u>Maryland</u>	
		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Maria Williams</u>	
		Father's Name <u>Stephen Williams</u>		Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Sylvia Fletcher</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Maria Williams</u>		How related to deceased <u>Wife</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Chronic heart disease</u>		<input checked="" type="checkbox"/> <u>How long</u> <u>Not known</u>	
		Immediate <u>Heart failure</u>		<input type="checkbox"/> <u>How long</u> <u>Immediate</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Dr. A. R. Walker</u>	
				Address <u>Halls, Md.</u>	
Accident or Suicide? <u>—</u>					

